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## U.S. PATENT APPLICATION

SERIAL NUMBER

08/466,381

FILING DATE

06/06/95  
RULE 60

CLASS

435

GROUP ART UNIT

1804

APPLICANT

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VERIFIED THIS APPLN IS A CON OF 08/403,803 03/17/95  
AND IS A CON ~~WITH 08/403,803~~ OF PCT/US93/10624 11/05/93  
WHICH IS A CIP OF 07/973,337 11/05/92

ABN

\*\*FOREIGN/PCT APPLICATIONS\*\*\*\*\*<sup>So</sup>

VERIFIED

FOREIGN FILING LICENSE GRANTED 08/15/95

STATE OR  
COUNTRY

NY

SHEETS  
DRAWING

48

TOTAL  
CLAIMS

105

INDEPENDENT  
CLAIMS

7

FILING FEE  
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ATTORNEY DOCKET NO.

41426-C/JPW/

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TITLE

PROSTATE-SPECIFIC MEMBRANE ANTIGEN

This is to certify that annexed hereto is a true copy from the records of the United States  
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**\*BIBDATASHEET\***

Bib Data Sheet

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<b>APPLICANTS</b> RON S. ISRAELI, STATEN ISLAND, NY; WARREN D.W. HESTON, NEW YORK, NY; WILLIAM R. FAIR, NEW YORK, NY;				
<b>** CONTINUING DATA *****</b> This application is a CON of 08/403,803 03/17/1995 which is a 371 of PCT/US93/10624 11/05/1993 This application 08/466,381 is a CIP of 07/973,337 11/05/1992 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 08/15/1995				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 48	<b>TOTAL CLAIMS</b> 105
				<b>INDEPENDENT CLAIMS</b> 7
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<b>TITLE</b> PROSTATE-SPECIFIC MEMBRANE ANTIGEN				
<b>FILING FEE RECEIVED</b> 1702	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	